

8/15/04 NEW

DEADLINE 8/19
T.C. MEETING 9-1-04

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TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: Keycan Inc - JBA Ground Effects Landscape Service
BUSINESS STREET ADDRESS: 13501 S.W. 16th Ct Davie FL ZIP 33325
BUSINESS MAILING ADDRESS: 13501 S.W. 16th Ct Davie FL ZIP 33325
BUSINESS PHONE: 954-445-0560
DESCRIBE TYPE OF BUSINESS: Landscaping & Lawn Care (office only)
BUSINESS IS: Corporation ☒ Sole Proprietor ☐ Partnership ☐

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Brenton King</u>	<u>13501 S.W. 16th Ct</u>	<u>Davie</u>	<u>954-445-0560</u>
2. <u>Molesa King</u>	<u>"</u>	<u>"</u>	<u>"</u>

Federal ID Number or Social Security Number: 33325

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 2004, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

Brenton King [Signature]
Print Owner or Officers Name and Title Signature of Owner or Officer

Office Use Only: Date <u>8/18/04</u> Category <u>08602</u> Fee Exempt per Sec. 13-13 <input type="checkbox"/>	Fee <u>23.16</u> Rec# <u>33-18 546-31</u> New <input checked="" type="checkbox"/> Trans <input type="checkbox"/>
License # <u>04-20268</u> <u>landscaper</u> Control # <u>16424</u> Zoning <u>R-1</u>	Council approval Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Zoning Approval <u>[Signature]</u> Date <u>8/18/04</u>
Town Council Date _____ Approved _____ Denied _____	Tabled To _____ Approved _____ Denied _____
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL <u>50-40-14-07-0070</u> <u>7596</u>	

Phone
Mail
only

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